

Case Number:	CM14-0076164		
Date Assigned:	07/18/2014	Date of Injury:	03/18/2010
Decision Date:	08/29/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/23/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 33-year-old female with a reported date of injury on 03/18/2010. The injury reportedly occurred when the injured worker was breaking down a pallet of 25 pound boxes and felt a pop in her left upper extremity. Her diagnoses were noted to include complex regional pain syndrome to the left upper extremity and status post removal of the spinal cord stimulator. Her previous treatments were noted to include physical therapy, spinal cord stimulator, medications, cortisone injections, cervical epidural steroid injections, stellate ganglion blocks and acupuncture. The progress note dated 03/20/2014 revealed the injured worker complained of constant and moderate pain to her shoulders, arms and hands, left greater than right, with numbness, tingling and weakness. She rated her pain at a 4/10 and noted her pain had remained unchanged since her last visit. The physical examination of the cervical spine revealed decreased range of motion secondary to pain. There was mild hyperhidrosis compared to the right and tenderness to palpation at the anterior joint capsulitis on the left shoulder at the biceps insertion. There was decreased range of motion to the left shoulder which caused significant pain. There was improvement with the injured worker's hypersensitivity in her left upper extremity. The upper extremity muscle testing revealed the left extremity was diminished, rated 4/5. The injured worker indicated she was doing well with her current medication regimen. The Request for Authorization form was not submitted within the medical records. The request for Norco 10/325 mg twice daily #60 wean with target of completely off.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Norco 10/325mg twice daily #60 Wean With Target Of Completely Off: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Weaning of Medications Page(s): 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going management Page(s): 78.

Decision rationale: The injured worker has been utilizing this medication since 11/2013. According to the California Chronic Pain Medical Treatment Guidelines, the ongoing use of opioid medications may be supported with detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also state that the 4 A's for ongoing monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors should be addressed. There is lack of documentation regarding evidence of decreased pain on numerical scale with the use of medications. There is lack of documentation regarding improved functional status with regard to activities of daily living with the use of medications. There are no adverse effects with the use of medications noted. The documentation indicated the injured worker has not shown aberrant drug taking behaviors; however, the urine drug screen was performed 02/2014 and the results were not submitted within the medical records. Therefore, due to the lack of evidence of significant pain relief, increased function, absence of adverse effects and without details regarding urine drug testing to verify appropriate medication use and the absence of aberrant behavior, the ongoing use of opioid medications is not supported by the guidelines. As such, the request is not medically necessary.